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ABSTRACT

A multifactorial model is presented that depicts a representative set of dimensions involved in child abuse and neglect. The model includes parental, ecological, and child factors linked to precipitating situations and/or events that result in child abuse or neglect. An excerpt from the records of an abused child illustrates the model. Also discussed are relationships among various handicapping conditions and whether child abuse and neglect contribute to or result from such conditions. Based in part on a review of the relevant literature and data from over 100 severely abused and neglected children and their dysfunctional families, subsequent discussion focuses on historical changes in attitudes toward handicapped children and their families; particular attention is given to the distinction generally made in society between conditions within and those outside parental control and, therefore, parental responsibility. Child abuse and neglect are also discussed with respect to the biological concepts of individual fitness, inclusive fitness, and parental investment. Differences between natural parents' and stepparents' investment in children and the withholding of parental investment in response to handicapping conditions are explored. Concluding material offers suggestions for treatment interventions, discussing the need to treat parents in addition to children, pathological qualities of parents, goals for treating reunified families, and requirements for treating abusive families. (RH)

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ACTS OF GOD AND/OR RITES OF FAMILIES -- ACCIDENTAL VERSUS INFLICTED CHILD DISABILITIES

by John H. Meier & Michael P. Sloan

Abstract/Introduction:

Handicapping conditions are caused by both acts of God or Nature and/or acts of Humans or Nurture. The former elicit support and compassion for the families and active assistance for their child. The latter, until recently, typically resulted in rejection and even rage toward the parent/perpetrator and either death or a nightmarish series of separations and displacements for the child who survives. However, it is becoming clearer that not all handicapping conditions have their origins in only nature or only nurture but are the product of the simultaneous reciprocal interaction between the two. Some of the similarities, differences and overlaps among the complex hereditary/environmental causes of handicaps in children are discussed, with especial reference to analogous phenomena in non-human animal species.

Abuse and neglect, that is deliberate acts of commission and omission which endanger the lives and well-being of offspring, are not a rarity among non-human animals, especially when directed toward the weak or unfit offspring. Moreover, such abuse or neglect seems to have some reproductive payoff when examined from the perspective of individuals' striving to maximize their own fitness and survivability. Whether these payoffs hold in human cases of abuse and neglect is questionable and warrants further investigation and discussion. The dynamics of

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handicapped children being at greater risk for abuse and neglect, for example the documented inadvertent or deliberate neglect of handicapped children helps to substantiate this interpretation. In addition, the theory that parents seek to maximize their fitness by discriminately investing their reproductive and nurturing efforts suggests that removing a child from his/her parent's care may prompt either a new pregnancy or result in the dissolution of the marital bond. In this regard, the effects of removing children from their parents may be functionally analogous to the death of the child in the parent's perception, not to mention the confusion and separation trauma experienced by the child. These considerations suggest in turn that, although the removal of abused and handicapped children from their families of origin is a necessity in some cases, long term plans for their optimum remediation in our culture must include treatment in a permanent family setting.

This chapter presents a generic model of child abuse/neglect dynamics, briefly presents an exemplary case, discusses the nature/nurture causation dilemma and interaction with human and non-human referents, and finally proceeds to derive several treatment considerations. The deliberations are guided by both a review of relevant literature and an analysis of empirical findings from a population of abused/neglected children in a residential treatment center and their dysfunctional families.

The Continuing Nature/Nurture Controversy:

The relative influence of heredity versus environment in shaping the growth and development of organisms remains an unsettled

argument throughout studies of the plant and animal kingdoms. Ancient controversies regarding the sequence and potency of various phenomena such as which came first, the chicken or the egg, or which is more significant, nature or nurture, are recurrent themes in the history of western philosophy and psychology (Warden, 1927). Recent attempts (Wilson, 1975) to provide an evolutionary framework for studies of the organization of animal and human behavior have again brought the nature/nurture dichotomy before the public eye (Time, 1977).

Somewhat akin to the centuries-old nature/nurture controversy is a new debate regarding the relationship between accidental versus inflicted developmental disabilities, which is the focus of this chapter. The question boils down to the relationship between various handicapping conditions and whether child abuse and neglect contribute to or result from them (Daly & Wilson, 1980b, Frodi, 1981). Do handicapped children have a higher probability of being abused and neglected? Alternatively, are abused and neglected children more likely to be handicapped? Are those disabling phenomena in some sort of simultaneous reciprocal interaction such that a handicapped child provokes abuse or neglect which worsens the handicap and family dysfunction, thus giving rise to further abuse and neglect, and so on? Intelligence testing at Children's Village, U.S.A. has suggested that abused/neglected children tend to score lower on standardized tests of intellectual functioning (Nelson & Meier, 1980). Applebaum's (1980) recent report substantiates this finding. Infants abandoned and neglected in traditional orphan settings tend to have a higher probability of becoming developmentally disabled or handi-

capped. Some children may be abandoned and others rejected as the result of their displaying some developmental deviation which prompts parents and families to reject them. Klein and Stern (1981) reported that nearly one fourth (23%) of 51 battered children in Montreal were low birth weight infants. This figure was three times the expected incidence of battering in newborns of Quebec.

On the neglect side, there is a substantial probability (22%) that after a defective child is institutionalized, it will be abandoned (i.e., visited less than once/year) by his/her natural parents (Daly & Wilson, 1980b). Moreover, it could be that because these parents themselves experienced physical or emotional rejection as children, they are more prone to reject their own offspring. At another level of adaptation, parents in various nonhuman species seem to have been selected or programmed over the course of many generations to take stock of available resources, and either to reduce the number of offspring conceived or to dispose of excess offspring by the elimination or abandonment of the less viable ones (O'Connor, 1978).

Reviewing the rapidly growing body of literature regarding abused and neglected children and their families, many plausible and some highly controversial explanations emerge for rationalizing how and why a parent might not only abandon or neglect his/her own offspring, but may even become violent toward them, thereby destroying or inflicting nearly irremediable psychological and physical trauma on them. Reading the legal dispositions, social histories, medical files, and psychological charts of

abused children and their families provides an alarming array of the many ways in which mankind's childrearing behavior is not so kind. In fact, the possible variations on this theme are so numerous and complex that they defy any simplistic description, let alone explanation. The intricate dynamics of each case, while having some common facets, present a kaleidoscopic view of humanity and more particularly of human families in action and transition.

A Multifactorial Model for Child Abuse/Neglect Dynamics:

A suggested multi-factorial model is presented here in (Figure 1) to depict a representative but by no means exhaustive

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Insert Figure 1 about here

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set of dimensions involved in child abuse and neglect, a problem which is plaguing millions of families throughout the world. Ironically, as one seeks common threads in this fabric of child abuse and neglect in order to move beyond the small select swatch of one culture to blanket the entire human population, the basic child-rearing practices of the world become so varied (Korbin, 1980) that they defy attempts to place them under an all-encompassing definition or intervention umbrella. This is not to mention universally acceptable and effective evaluation and prevention procedures. Flattening heads with attached boards, piercing ears with rings, extending lips with plates, stretching necks, binding feet, burning brands, scarification marking, tatooing, and even

circumcision represent only a sample of the various practices which are presently considered acceptable and normal within a given human culture. Humiliating and ridiculous initiation rites such as fraternity or sorority hazing are seemingly abusive practices which are commonly accepted in our American culture. Orthodontal correction, a normally painful experience, is not only accepted, but, in some cases, throught to be a necessary means for acceptance in our culture. Korbin (1980) has strongly advocated this role of cultural perspective (i.e., culturally acceptable and nonacceptable) in the evaluation of child-rearing practices and the prevention of abuse.

Nevertheless, it is apparent that a large segment of the American population is horror stricken by the numerous reported episodes of parents' deliberately damaging their children for whatever reasons and by whatever means. The following case vignette and critical path analysis (Figure 2) exemplify some of the factors presented in Figure 1 simply to illustrate a "typical" case of child abuse (names and places are ficticious).

Figure 2 about here

Illustrative Case Vignette:

Melissa, a 35 month old (D.O.B., July 4, 1977) caucasian female, was ordered by the court to be removed from her mother's custody and placed in foster care in June, 1980. She was brought to the attention of her local police department's child abuse unit after her babysitter noted numerous welts on her legs,

buttocks, and back. The unit's investigation suggested that these injuries were the result of belt beatings by her mother's live-in boyfriend. Comprehensive medical and psychological examinations revealed that Melissa had 3 fractures in various stages of healing, one on her left forearm, one on her left temporal skull and one on her right leg and that her intellectual functioning was well below age-appropriate levels, particularly in verbal skills. Neurological examination revealed soft signs of brain damage or dysfunction, but no evidence of seizures was noted. Audiological examination revealed high frequency hearing losses in both ears, severe in her left ear.

Melissa was the second of three living children having a full sister, Veronica, age 5 years, and a younger half-brother, Jackson, age 11 months at the time of her placement. Melissa's mother, Ellen Taylor (nee Richards) was married at age 16 to Melissa's father. Ellen Taylor's history revealed that she was born (D.O.B., June 10, 1959) in Sprungfield, Arkansas and lived her early years in Oklahoma, Arkansas and Nevada. She was living in a car with her mother and 3 siblings during most of this time. At age 4, Ellen was left with a maternal aunt. She was placed in a foster home at age 9 after her aunt died and has had no contact with her parents since age 5. Her adolescence was characterized by frequent running away and use of drugs.

Ellen met Melissa's father, Jerry Taylor (D.O.B., July 18, 1951) while living in a foster home in Downey, California. They were married in 1975 after Ellen became pregnant. Mr. Taylor was marginally employed as a part-time construction worker. He

reportedly physically abused his wife regularly throughout both pregnancies. His history revealed numerous arrests for assault and narcotics possession. He was involved in an armed robbery attempt, wounded and sentenced to a lengthy prison term in August, 1977. Shortly after this, Ellen delivered Melissa. Ellen later divorced Mr. Taylor while he was in prison. He is currently incarcerated.

Melissa's first three years of life were somewhat chaotic as her mother frequently changed their place of residence. She was first brought to the court's attention at age 19 months, due to neglect; however, she was allowed to remain at her home on probation. Her mother reportedly has had a series of live-in boyfriends who regularly abuse her and Melissa. There is no evidence that Melissa's older sister was ever abused. Likewise, her younger brother's development was unremarkable at the time of Melissa's removal. Figure 2 is a graphic description of Melissa's family as depicted in a critical pathway of events (Lynch, 1976).

One of the many rituals celebrated in many American families and schools is the solemn ceremony of corporal punishment. Although there is substantial evidence that this practice is generally ineffective, if not ultimately counterproductive (Fesbach and Fesbach, 1976; Hyman, 1978; and Meier, 1981), children and youth are routinely spanked and swatted by bigger and stronger parents and authorized school personnel. Even our Madison Avenue Morality, reflected on bumper stickers, asks "Have you hugged your child today?" or admonishes, "People are not for hitting and children are people, too." This bumper barometer of public conscience

does not ask, "Have you battered your baby or wife today?" or suggest that people are for beating or children for sitting on. However, the somewhat facetious plea, "Support your local mental health agency or I'll kill you!" gets close to some of the underlying violence being expressed in corporal punishment, which allegedly hurts the punisher more than the punishee. There are, of course, multiple other debilitating rituals being performed daily in various American families whereby children are handicapped physically, socially, emotionally, and/or intellectually, often relentlessly and with impunity.

There appears to be a growing conviction that the rituals or rites of punishment and maltreatment of children inflicted by some families are inhumane and criminal acts against innocent victims. The compassion and empathy shared with parents whose children are accidentally handicapped through "acts of God," such as genetically caused mental retardation or congenital deafness and blindness, may be contrasted with the rage expressed toward parents who have been legally determined to have deliberately injured and caused brain damage or loss of hearing and vision in their children.

This differential attitude toward the two groups of parents is a remarkable commentary on the gradual evolution of our civilization. Being civilized goes far beyond the trite notions of common courtesy and politeness represented by an emergence from a more primitive and savage state; being civilized connotes the refinement and enlightment which was alluded to by the late President John F. Kennedy who stated that a society's degree of

civilization is measured not so much by its collective strength but rather by its collective commitment to its weakest citizens.

There are many difficulties entailed in addressing the very controversial and complicated subject matter of child abuse and neglect. This chapter may further exacerbate and complicate the subject by analyzing some of the more subtle dynamics underlying innocent children's being sacrificed on the "altars of obsolete gods" in accordance with some traditional rituals of families. Our discussion of these matters is based upon a review of the relevant literature, a growing data-base of over 100 severely abused and neglected children and their dysfunctional families at IOI's Children's Village, U.S.A. (Meier, 1980), the largest human development laboratory focused on child abuse in the world, and our own analytic deliberations and synthetic speculations.

Acts of God.

The history of the human race, whether carefully chronicled by scientific historians or more simply passed down through the generations by means of folklore and mythology, reveals man's inclination to attribute any significant phenomenon which he does not fully understand or cannot control to super-human forces or gods. Thus, various natural disasters such as earthquakes and floods which destroyed many human lives and crippled many more were difficult to understand without the rationalization that some superior being or God had caused these tragedies. In the minds of some, these events were punishment for perceived transgressions against the laws and commandments of God, passed down through certain favored and enlightened humans.

The birth of a handicapped child, who appeared disfigured and developed in an abnormal fashion, was interpreted by some as the will of God and by others as the interference of the Devil, either of which may have been inflicted on the parents as punishment for their previous misdeeds however defined in their particular cultural mores. However, since the parents obviously did not deliberately seek to conceive a handicapped child, they would eventually accept their special offspring and draw some support from their fellow parents and humans who might be heard to say, "There but for the grace of God go I". In some more primitive cultures, the grotesquely disfigured child might take on a kind of special mystique and be given a great deal of additional consideration or even be worshipped for his/her God-given idiosyncracies. Ironically, some of these same uncivilized persons are known to have sacrificed their more perfect children to appease their punitive gods and hopefully to prevent future punishments.

In more contemporary times a "more realistic" reaction on the part of parents of a handicapped child requires several stages of adjustment in order for them to accept their less-than-idealized "perfect" child. Many of the enlightened clinics dealing with the families of handicapped infants enable the parents to go through the emotion-laden stages of: (1) denial that such a child could be the product of their relationship; (2) anger at whatever perceived causes, including God; (3) open grieving almost to the extent of burying the idealized child; (4) a more constructive acceptance of the handicapped child; and (5) preparation of the family

to accept and collaborate in providing for the handicapped child's habilitation and normalization as far as possible (Kennell, Voos, & Klaus, 1976, and Meier, 1976). A generation or more ago, the unknown or poorly understood causes of numerous handicapping conditions led to the growth and development of children for whom it was very difficult to generate an accurage diagnosis or prognosis of ultimate development and growth. Clinicians may well remember the Gork syndrome which was an acronym for "God only really knows." Whether the developmental delays and deviations were due to genetic anomalies, intrauterine insults, birth trauma, and/or the young child's eating chocolately-tasting lead-based paint off the woodwork and radiators did not really seem to matter, since these were all phenomena not understood by scientists, let alone by theologians and philosophers. Such events were simply acts of God or mistakes of Mother Nature which could not have been prevented (except by getting the lead out -- of the paint). In those cases which required maximum life support provisions and intensive and extensive professional care, centralized institutions were developed and these children were placed there for intensive care and possibly for custodial care for the rest of their lives. Some of the more grotesque were even depicted and paraded as examples of what God does to sinners or to the most prized possessions of sinners, their children. This certainly evoked a great deal of guilt on the part of parents who would begin an obsessive soul-searching of their histories and behaviors to discover what may have provoked the "Wrath of God" as expressed in the disfigured offspring. Of course, as the state of the art has improved regarding embryological growth and development,

genetic intricacies, optimal birthing procedures, and potential environmental hazards to young children, many of the aforementioned developmental enigmas became less frequently referred to as natural and unpreventable and more often identified as unnatural and preventable. Seldom were people willing to even suggest that an omniscient and omnipotent God could be deliberately causing these peculiar anomalies. Instead, they marveled at the mechanisms established for reproduction of each species and the infinite possibilities for random error as well as evolutionary adjustments to a changing environment and the complex demands placed on those who would have to change in order to survive in it.

Some treatment considerations for accidentally handicapped children:

For all of the above reasons, parents of children whose handicaps are diagnosed as being out of their control find it far more socially acceptable to publicly and privately acknowledge their child's handicap and to unashamedly seek assistance in coping with the handicapping conditions. They know that professionals and lay people alike will generally accept them as unfortunate parents and extend not only sympathy but a variety of real goods and services to help them to compensate for their own sense of loss and disappointment as well as to help their child to cope with the inevitable additional difficulties in gorwing and developing into an adult. There are numerous organizations, agencies, and self-help groups to which parents can turn for help in managing their retarded, epileptic, cerebral palsied, emotionally disturbed, speech handicapped, dyslexic, or otherwise

special-needs child -- if and when it is understood that these conditions are the results of acts of God or quirks of Mother Nature.

The work of Hunt (1961) and Heber and others (1972), which demonstrated that the environment, including the significant adults in it, was the culprit for much of the functional retardation found in mildly delayed children was a landmark in shifting the focus from the statistical inevitability of retarded mothers' producing retarded infants. In fact, the challenge to the intergenerational genetic transmission of nearly 80% of the cases of retardation leads us right back to the difficult dilemmas posed by attempting to determine whether a child's developmental delays cause his/her being abused or whether his/her abuse or neglect causes her/his developmental delays and how these factors, regardless of cause and effect, interact and potentiate each other.

Rites of the Family:

The human family has biologically evolved in a form which is, in some ways, analogous to family groups in other nonhuman species, and in some important ways has taken a uniquely human direction. The human family, while showing considerable diversity in form across cultures, also exhibits certain important features which are universal throughout the human species. These cultural universals, as past anthropologists call them, can plausibly be hypothesized to have their origin in biological evolution as shaped by ecological adaptations (Van den Berghe, 1979).

Many recent evolutionary explanations of behavior (Barish, 1980) have presented evolutionary explanations as complementary to developmental explanations or explanations of behavior as a function of ideosyncratic experiences. Much of this work arose after Tinbergen (1951) presented a framework which allowed for multiple explanations of biological phenomena. Tinbergen presented four basic levels at which behavior could be explained. These levels included: (1) the developmental level; (2) causation that occurred as a proximate level; (3) causation that occurred over a longer term or phylogenetic level; and (4) the functional or consequential level.

Later authors (Daly & Wilson, 1978) have argued that the heat generated from the nature-nurture controversy was the result of individuals operating at different levels of explanation. It is obvious that these levels are not necessarily exclusive, that there is considerable overlap or simultaneous reciprocal interaction among the levels. For example, motivations have historically been proposed as proximate explanations for the purposive, goal-oriented quality of behavior (Hernstein, 1973). Explanations which rely on developmental, psychodynamic, cultural, or socio-economic features are not necessarily exclusive alternatives to evolutionary considerations. Natural selection tends to operate on all of these levels, and any general scheme should include all of them. A multifactorial general scheme to describe and partially explain the various levels of dynamics operating in child abuse and neglect is outlined in Figure 1 and elaborated upon in another publication (Meier, 1980).

Since relatively extensive coverage has been given to developmental, psychodynamic, cultural and socio-economic explanations, the following sections are concerned with primarily the ethological, phylogenetic and adaptive significance or function of abuse and neglect. Phylogenetic explanations are nearly all speculation, as we are locked into our current timeframe and unable to examine the behaviors of our human ancestors in real time, and thus we must rely upon retrospective analyses and syntheses. We are, however, able to examine the behaviors of other social species with which we share the planet. Whether one is an evolutionist or a creationist by religio-philosophical persuasion, the analogies drawn between human and nonhuman animal behavior are quite instructive and have given birth to the extensive field of comparative psychology. Such analogous thinking also informs much folk wisdom regarding human animals (homo sapiens) who become like nonhuman animals and instinctively act and react in stressful situations; they are referred to as losing their cool or heads referring to a temporary loss of that peculiar reflective or cerebral quality which enables humans to project, consider and thus be held responsible for the consequences of their commissions or omissions. Can it be that many acts of child abuse and neglect are the results of temporary loss of humanness and a reversion to the more primitive unthinking reflex centers of the brain whose higher more civilized inhibiting capacities have been temporarily or perhaps chronically dulled by substance abuse, stress, or clinical dysfunctions?

Infanticide or abuse and neglect of offspring do occur regularly in the nonhuman animal world (Bertram, 1975). Among the Hanuman Langars, a primate species (monkey) of southeast Asia, infanticide is a frequent occurrence. Their social system includes females and young associated in groups usually with a resident male. Resident males are sometimes challenged by other individual males or groups of males and occasionally replaced. The new male has been observed to kill all the new offspring of the old male and their lactating mothers (Hrdy, 1974). This pays off for the new male by terminating lactation in the mothers and reinitiating their estrus cycles, which allows him to invest in and protect his own offspring rather than those fathered by his predecessor. Bertram (1975) reports a similar process in the social system of lions.

Noting that infanticide does occur in nonhuman mammals is not a justification for its occurrence in humans. Nor does it argue that infanticide should be allowed to occur in humans with impunity even if one believes that it is predetermined in the human genes. Nevertheless, the realization that individuals of other social species occasionally attack and kill their own or other's offspring may provide us with a better understanding of the environmental factors and selection pressures throught to contribute to abuse and neglect of human offspring.

An understanding of these factors requires definitions of the terms individual fitness, inclusive fitness, and parental investment. Fitness is described as differential reproduction of like

copies in subsequent generations (Williams, 1966). Evolution occurs via two processes, the production of phenotypic variation in the population and the selective reproduction of particular parts from that population (Mayr, 1970). The differential reproduction results in competition between the constituent members of the population. This competition may occur at a variety of levels, including between individuals, between related individuals or kins, between groups, or between species. Since genes pass between generations, they are the currency of evolution. Fitness and competition explanations are most parsimoniously applied at an individual level (Williams, 1966). Hence, most adaptive arguments concern individuals competing with other individuals.

Inclusive fitness provides the genetic link between individual fitness and kin selection. Inclusive fitness states that an individual will strive not only to reproduce parts of itself (i.e., it's own genes), but also to invest effort in ensuring that its relatives (i.e., individuals who partially share genes) will survive and reproduce. Thus, adults will strive to increase the fitness of their own offspring plus the fitness of the offspring of their children (grandchildren). After all, a child shares 50% of each parent's genes. The degree of relatedness between a parent and child is one half (in diploid species); between siblings -- one half; among half-siblings -- one fourth; and among full cousins -- one-eighth. Dawkins (1976) presents a clear explanation of the formulation of the degree or coefficient of relatedness. An individual's inclusive fitness consists of

the sum of his/her own personal reproductive success plus that of all his/her relatives or kin, each weighted by their degree of relatedness to the individual (Daly and Wilson, 1978).

Trivers (1974) suggested that a parent is willing to gamble effort and possible future chances to reproduce (parental investment) toward offspring survival and reproduction of a subsequent generation one step removed from the parent (i.e., grandchildren). Parental investment can be defined as an investment by a parent in an offspring that increases the recipient's fitness at the cost of parental capacity to invest elsewhere (Trivers, 1974). In other words, parents invest effort in their offspring, effort which has an upper limit as a parent has only so much reproductive capacity in its lifetime. Theoretically, to achieve the greatest fitness, a parent must spread this effort in such a manner as to produce the most offspring possible.

Given that parents strive to maximize their fitness by investing effort in their young, it is expected that there is a strong selection factor favoring the ability of parents to distinguish their own young from others. A recent study of the American Humane Society's data on abuse and neglect (Wilson, Daly and Weghorst, 1980) has suggested that the probability of a child's being abused is somewhat dependent upon whether s/he lives in a step-family or in a family with natural parents. Depending upon the age of the child, a stepchild is two to six times more likely to be abused or neglected than a child living in a home with both of his/her natural parents. Preliminary analysis of the Children's

Village, U.S.A. population has indicated that children living in a household with an adult caregiver who is not blood-related to them are three times more likely to be sexually abused then children living with both natural parents. Although other factors help to explain sexual abuse episodes, this finding is alarming, particularly in light of the high rate of divorce and remarriage in our culture.

While the degree of relatedness may be an important consideration, especially the nonrelatedness between parent and offspring in the case of step-parenting, there is still a great deal of evidence that natural parents also abuse their own children (Meier, 1981). Trivers (1974) has suggested a possible theoretical explanation for what he calls parents versus offspring conflict. His model is based upon the assumption that individuals strive to maximize their reproductive success. In the case of a parent versus the case of a child, the strategies may differ. The basis of the conflict involves parents' being selected who accurately assess the needs of their children, limit the resources invested in each child, and thereby free themselves to invest in other offspring. Offspring would tend to strive toward gaining more investment than a parent is willing to provide. This leads to conflict.

Parents may also be willing to withhold their investment or solicitude from those offspring with poor prospects for survival or reproduction. Although there is a great deal of evidence indicating the high incidence of abuse of mentally retarded and emotionally disturbed children, Daly & Wilson (1980b) point out that

these symptoms may be consequences rather than causes of parental abuse. Children suffering congenital defects such as fibrocystic disease, cleft palate, and Down's Syndrome also tend to have a high risk for abuse. In addition, parents of institutionalized handicapped children tend to abandon them and prefer the large institution over a group home or supervised apartment as a living situation for their own children, while simultaneously preferring more normalized living situtations for retarded children in general, that is for other people's children (Meyer, 1980). Even parents actively maintaining contact with their institutionalized, retarded children by taking them on off-ground visits tend to limit and gradually reduce the duration of their visits as a function of the years of prior institutionalization and the presence of convulsive or psychological disorders (D'Onofrio, et al., 1980). Parents prefer the large institutional setting rather than a more normalized one in hopes that their own children will have better supervision, care, and available resources. While this rationale may indicate concern on the part of the parents, the net effect of their attitude, if carried out, would be to reduce rather than to increase or improve the contact between parent and offspring and the overall amount of investment directly provided by the parents.

Parental abuse and neglect of handicapped may be the result of interference in the normal bonding between mother and infant, which is thought to occur after giving birth (Kennell, Voos, & Klaus, 1976). Studies have suggested that children separated

from their mother at birth or soon after birth are at a higher risk for abuse and neglect, because the separation may disrupt the formation of an attachment bond between mother and child (Ainsworth, 1980). The persistency effect of this disruption seems long term, lasting for at least two and one half years, although there is some question as to the critical length limits of the initial exposure period between mother and child right after birth.

While the immediate postnatal period may be a sensitive time in the bonding process, bonding between parent and child has at least the potential to occur at any time. Certainly, some adoptions achieve adequate bonding and many factors are involved when a child joins a family, either at birth or through a later adoption (Ward, 1981). When examined cross-culturally, adoptive parents are usually close biological relatives of the adoptee and lack children of their own (Daly and Wilson, 1980a). In addition, the relinquishers tend to be young, unmarried and/or unable to provide adequate care. In the experience of placing abused and neglected children from Children's Village, U.S.A. into adoptive homes, the parents are not related and typically have children of their own or have a history of successfully caring for other adopted children.

Some treatment considerations:

> "In considering the treatment of the abusive family, the treatment of abusive parents must be the priority. Many disturbed parents cannot cope with their child receiving

help while they do not. They will be jealous - reminded of the neglect and rejection in their own childhood, and may possibly sabotage the child's treatment" (Kempe and Kempe, Child Abuse, 1978, p. 71).

The above statement applies to the treatment of families not just children and suggests that any program treating institutionalized children who are in contact with their parents should offer treatment to the parents. This treatment may be aimed at reunifying the family or simply aiding the treatment of the child by means of treating the parent (Beezley, et al. 1976). There is a major paradox in treatment of abusive families. If reunification is the goal, then parents feel forced to commit themselves to programs which they would not necessarily choose of their own volition. This serves to undermine treatment efforts, regardless of how well-intentioned or convenient and competent they may be. If reunification is not the goal, then parents feel directed toward what they perceive as a threatening goal (relinquishment) and tend to see treatment as either a cause of the separation or an ambiguous message that reunification may become the goal if they change their behavior sufficiently. The usual situation involves court-ordered treatment in an effort to gain reunification and/or avoid prosecution for charges of child abuse. The most workable treatment strategy to to teach parents how to apply what they have learned in their treatment to their parenting.

Authors vary in their estimates of the portion of abusive parents who are responsive to treatment. Kempe and Kempe suggest that 90% of all abusive parents are treatable, while our experience at Children's Village, U.S.A., where the most severe cases are concentrated, suggests that a much smaller proportion (25-30%) of abusive parents are able to make the requisite life changes to become adequate parents. Of course, the population of children and families at Children's Village, U.S.A. represents a concentration of the more severely abused cases, that is those whose abuse was severe enough for legal intervention and court placements in lieu of allowing the child to remain in his/her home during family intervention. Nearly all reports recognize that there are certain groups of abusive parents who are too disturbed to benefit quickly and completely enough for a variety of reasons, for example, full-blown psychosis, serious substance abuse, intractable tendencies to "bash" as a mean of communication and so forth.

Abusive parents cover a wide spectrum of pathology, as suggested by Figure 1. Some parents show no other pathology outside of child abuse. The most recent Diagnostic and Statistical Manual of Mental Disorders (DM-III, Spitzer, 1980) allows a classification indicating that in some families child abuse may be a focus for attention or treatment not attributable to any other mental disorder (p. 333). Other diagnoses include personality disorders, neurotic disorders, and chronic depression.

In treatment aimed at the reunification of separated families as quickly and economically as possible, the major criterion and aim is for parents to relinquish their abusive, neglectful patterns of child rearing and to replace them with a parenting pattern which is mutually rewarding and healthy for both the parents and the child(ren) (Beezley, et al., 1976). Galston (1980) viewed the abusive pattern as a static form of interaction, rewarding to neither parents nor child. In order to achieve this criterion of satisfactory parenting skills a variety of therapeutic modalities may be employed by an interdisciplinary treatment team. A number of more specific treatment goals subsumed under this overall criterion are indicated by the individual case. These goals include: (1) reduction in the potential for neglect; (2) reduction in the potential for emotional abuse including verbal abuse; (3) reduction in the potential for physical abuse or sexual abuse; (4) identification of the child's needs as independent from the parent's needs; (5) appropriate parenting, that is effective non-violent disciplinary and other childrearing procedures with the child; (6) consistency of parent/child interactions; and (7) decreased family isolation and disintegration. These specific goals may be conceptualized into a system of levels, consisting of a series of successive approximations and directed toward the concept of an idealized, engaged and flexible family (Tomlinson & Peters, 1981).

These goals indicate the direction of treatment for reunification. Treatment of an abusive family involves all or any combination of them, dependent upon the individual case. The methods

of treatment are also shaped to fit the individual needs of the family, relying upon residential, private, and/or community resources. These goals and methods are formulated into an individualized family treatment plan which provides a map for the course of treatment. Treatment is offered in a variety of modes including individual and group psychotherapy, marital counseling, family counseling, parenting workshops, home visits, or even regular informal social interactions. Jones et al (1981) suggest that the most effective programs contain a variety of services including counseling, outreach, and advocacy services.

As opposed to treatment in general, the treatment of abusive families differs in a number of significant areas. The treatment of handicapped families may share some of these differences. Treatment of abusive families requires an interdisciplinary approach which serves to meet the child's and the parent's various needs (Beezley, et al., 1976 & Steele, 1976). This approach includes representatives from the medical, psychological, social and legal professions as well as para-professional individuals trained to aid in the treatment of abusive families. These paraprofessionals may include social service homemakers, health visitors, lay therapists, and child care workers.

Nearly all treatment of abusing families, whether short or long term, must address the parent's enormous needs for acceptance and approval. Parents in need of treatment are sensitive to rejection and in need of real long-term relationships with at least one accepting adult. This is the basis for treatment whether it is provided in the home, in an outpatient setting, or in a residential facility.

Other special problem areas for treating abusive families include the need to differentiate court-related services from the therapeutic services, as many parents have suffered ongoing investigative and punitive procedures which inhibit the establishment of therapeutic rapport. In addition, abusive parents are often suspicious and mistrusting of authority figures, as many have suffered a life-long experience of humiliation and criticism from their own parents and other authority figures (Green, 1978).

Abusive parents often have very fragile self-concepts which require continual reassurance and support, especially during the initial phase of treatment. Dependent parents must have their own needs gratified before they begin to assess the needs of their children. This phase has been called "restitution" by Beezley, et al (1976) and includes not only the learning and practice of parenting skills (e.g., Dinkmeyer & McKay, 1976) but also the receiving of some additional parenting (reparenting) which they may have missed while they were children.

A second phase of parent treatment has been termed the "resolution" period, which consists of a parent's resolving the current, static conflict which has tainted and limited the parent-child relationship by means of emotional insight and understanding from his/her own childhood. Framo (1979) has demonstrated that bringing in the families of origin is a very effective therapeutic technique in marital counseling. It has proved useful in the treatment of some abusive families insofar as it helps to break

down the intergenerational transmission of various abusive rites of families and to substitute more humane and gentle childrearing practices congruent with the rights of children.

Regardless of whether a child's handicap has its origins in an act of God or some primitive family rite, the child and family have several common treatment requirements: (1) need for multi-disciplinary services; (2) need for outreach community services, including in-home workers; (3) need to assess and meet the child's needs, special or otherwise; and (4) need for parents to gain acceptance of themselves and their child.

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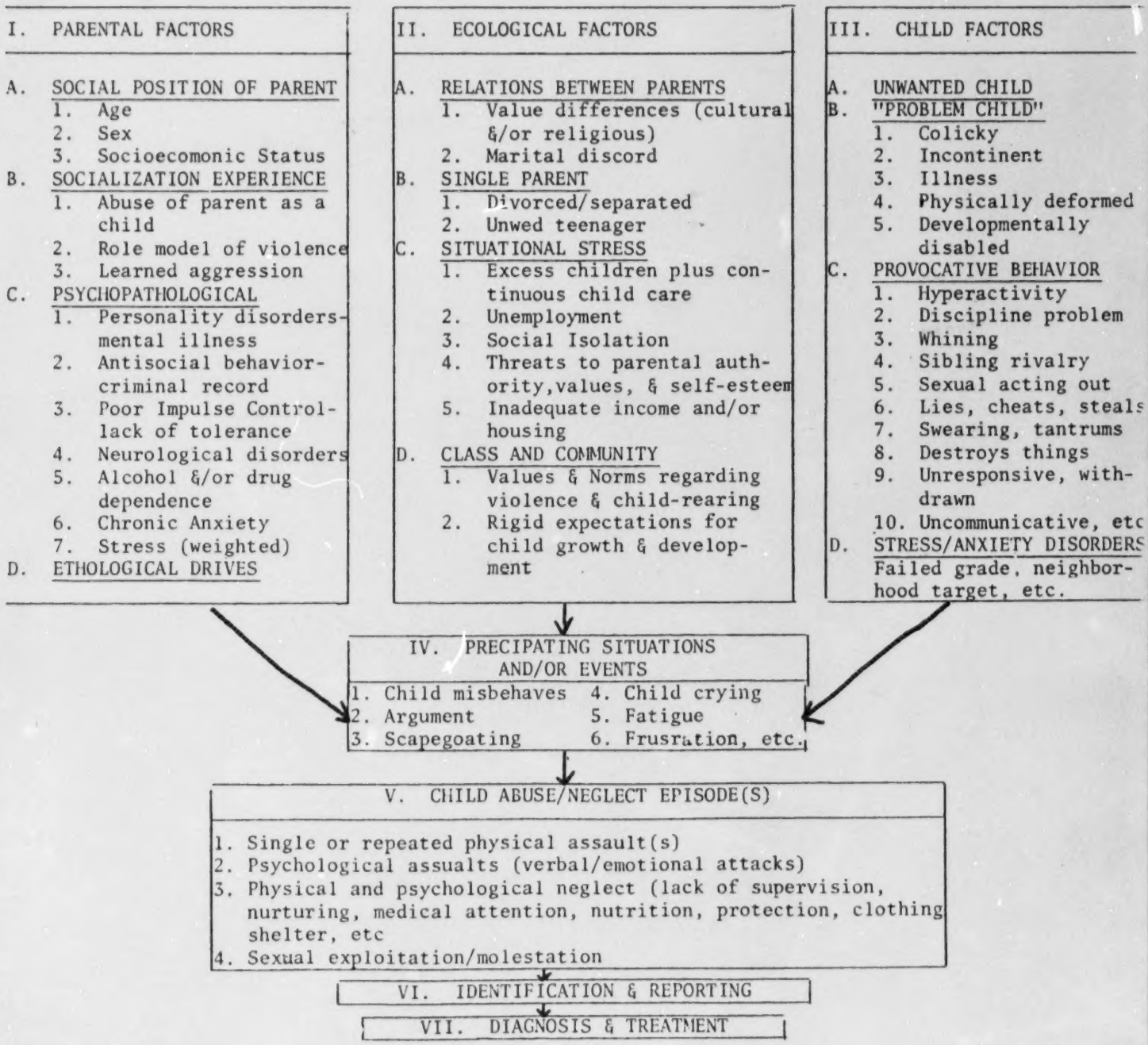
FIGURE 1. Multifactorial Model of Child Abuse/Neglect Dynamics

*Developed by Meier: derived in part from A Model of Intrafamily Violence (Gelles, 1972), the American Humane National Survey (1977), Child Behavior Profiles (1978), the Holmes-Rahe Social Readjustment Rating Scale (1967), the DSM-III classification schema (Apitzer, 1978), and the IOI/CVUSA data base (Meier, 1980).



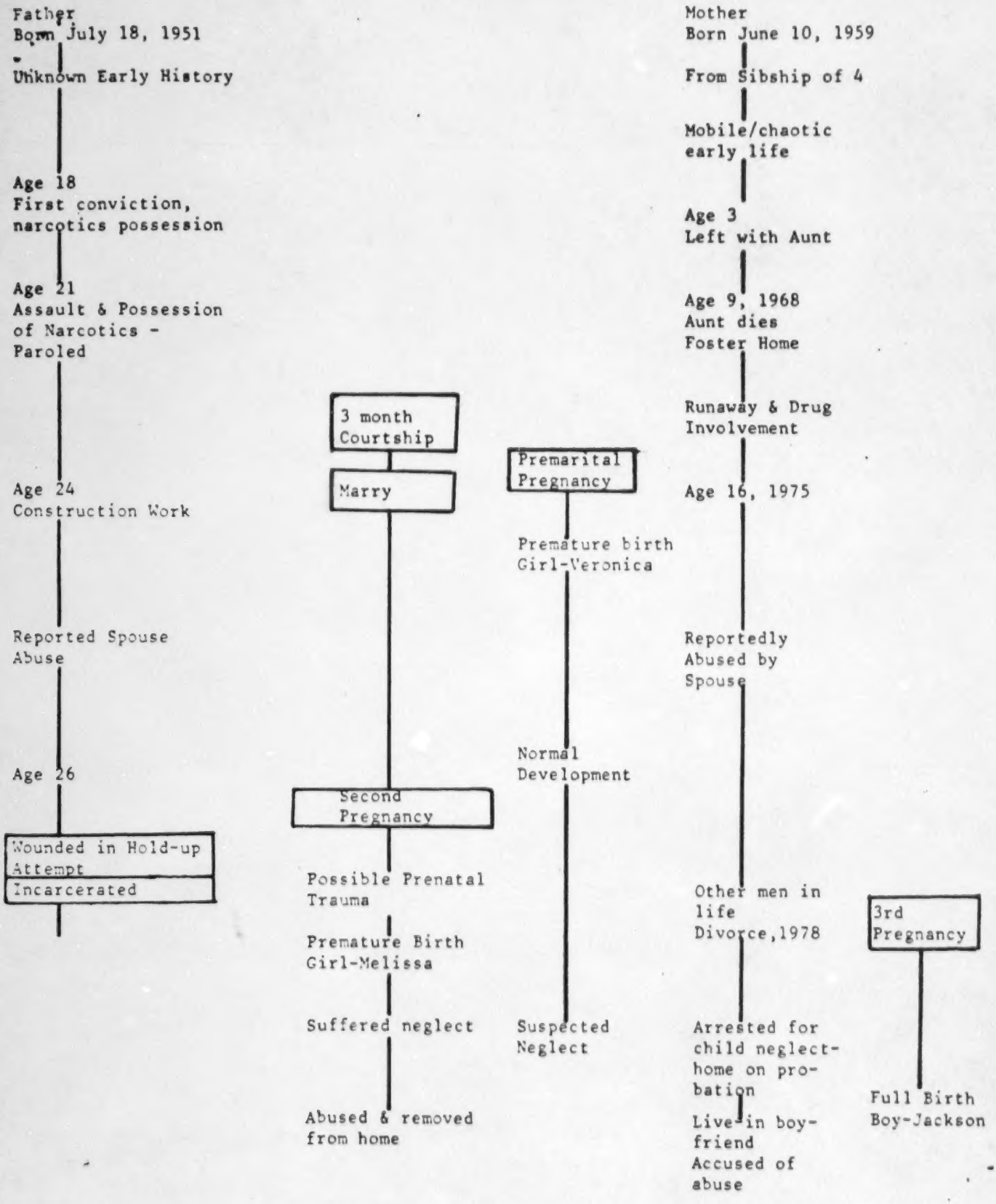


FIGURE 2. Critical Path of Melissa's Family

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John Meier, Ph.D. is a Licensed Clinical Psychologist in California and directs the research, development and training department of IOI's Children's Village, U.S.A., a comprehensive interdisciplinary pilot program for abused and neglected children and their families. His training in educational psychology, developmental and child clinical psychology occurred at Dartmouth College (N.H.), Regis College (CO) and the University of Denver. He was Director of the John F. Kennedy Child Development Center at the University of Colorado Health Services Center and Associate Professor of Pediatrics (Chairman was C. Henry Kempe, M.D.) and Psychiatry (Clinical Psychology) for nearly a decade. Among several pioneering ventrures for special needs children, he co-founded and co-directed a residential program for emotionally disturbed youth, started several experimental preschool programs for exceptional children (disadvantaged and gifted), and subsequently has held a variety of clinical, consulting and academic positions. Dr. Meier has written over 20 books and 60 articles regarding various aspects of child development and maldevelopment. He presently has clinical faculty appointments in Medical Psychology at the Neuropsychiatric Institute at UCLA, plus several other local community colleges and universities. He received a distinguished professional appointment from the President of the United States as Director of the U.S. Office of Child Development (now Administration for Children, Youth and Families), and Chief of the U.S. Children's Bureau, which houses the National Center on Child Abuse and Neglect, in Washington, D.C.

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Michael Sloan received his B.A. Degree in Psychology from the University of San Francisco in 1972. He remained at USF for one year post-graduate study of specialized learning. He entered the graduate program at the University of California (Riverside) in Psychology and completed his M.A. in Psychology. He is currently completing his Ph.D. in the same department, Director of Parent Services at CVUSA, and pursuing a California clinical license.